

OMB No. 1545-0008 **Form W-2 Wage and Tax Statement 2019**

a Employee's social security number	1 Wages, tips, other comp. 3000.00	2 Federal income tax withheld 105.75
b Employer ID number (EIN)	3 Social security wages 3000.00	4 Social security tax withheld 186.00
	5 Medicare wages and tips 3000.00	6 Medicare tax withheld 43.50

c Employer's name, address, and ZIP code

DIWAN RESTAURANT INC.

3747 74TH STREET
JACKSON HEIGHTS NY 11372

d Control number

e Employee's name, address, and ZIP code

JOGINDE SINGH
80-55 LANGDALE ST
NEW HYDE PARK NY 11040

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12
12b	12c	12d
13 Statutory employee <input type="checkbox"/>	Retirement plan <input type="checkbox"/>	Third-party sick pay <input type="checkbox"/>
14 Other SDI 3.00		
NY [REDACTED]	3000.00	99.35
15 State/Employer's state ID number	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc. 3000.00	19 Local income tax 70.40	20 Locality name NY City

Copy B - To Be Filed With Employee's FEDERAL Tax Return
This information is being furnished to the Internal Revenue Service.
DXA

Dept. of the Treasury - IRS

This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty/other sanction may be imposed on you if this income is taxable and you fail to report it.

OMB No. 1545-0008 **Form W-2 Wage and Tax Statement 2019**

a Employee's social security number	1 Wages, tips, other comp. 3000.00	2 Federal income tax withheld 105.75
b Employer ID number (EIN)	3 Social security wages 3000.00	4 Social security tax withheld 186.00
	5 Medicare wages and tips 3000.00	6 Medicare tax withheld 43.50

c Employer's name, address, and ZIP code

DIWAN RESTAURANT INC.

3747 74TH STREET
JACKSON HEIGHTS NY 11372

d Control number

e Employee's name, address, and ZIP code

JOGINDE SINGH
80-55 LANGDALE ST
NEW HYDE PARK NY 11040

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12
12b	12c	12d
13 Statutory employee <input type="checkbox"/>	Retirement plan <input type="checkbox"/>	Third-party sick pay <input type="checkbox"/>
14 Other SDI 3.00		
NY [REDACTED]	3000.00	99.35
15 State/Employer's state ID number	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc. 3000.00	19 Local income tax 70.40	20 Locality name NY City

For EMPLOYEE'S RECORDS (See Notice on back.)

Dept. of the Treasury - IRS

OMB No. 1545-0008 **Form W-2 Wage and Tax Statement 2019**

a Employee's social security number	1 Wages, tips, other comp. 3000.00	2 Federal income tax withheld 105.75
b Employer ID number (EIN)	3 Social security wages 3000.00	4 Social security tax withheld 186.00
	5 Medicare wages and tips 3000.00	6 Medicare tax withheld 43.50

c Employer's name, address, and ZIP code

DIWAN RESTAURANT INC.

3747 74TH STREET
JACKSON HEIGHTS NY 11372

d Control number

e Employee's name, address, and ZIP code

JOGINDE SINGH
80-55 LANGDALE ST
NEW HYDE PARK NY 11040

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12
12b	12c	12d
13 Statutory employee <input type="checkbox"/>	Retirement plan <input type="checkbox"/>	Third-party sick pay <input type="checkbox"/>
14 Other SDI 3.00		
NY [REDACTED]	3000.00	99.35
15 State/Employer's state ID number	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc. 3000.00	19 Local income tax 70.40	20 Locality name NY City

Copy 2 - To be Filed With Employee's State, City,
or Local Income Tax Return
DXA

Dept. of the Treasury - IRS

OMB No. 1545-0008 **Form W-2 Wage and Tax Statement 2019**

a Employee's social security number	1 Wages, tips, other comp. 3000.00	2 Federal income tax withheld 105.75
b Employer ID number (EIN)	3 Social security wages 3000.00	4 Social security tax withheld 186.00
	5 Medicare wages and tips 3000.00	6 Medicare tax withheld 43.50

c Employer's name, address, and ZIP code

DIWAN RESTAURANT INC.

3747 74TH STREET
JACKSON HEIGHTS NY 11372

d Control number

e Employee's name, address, and ZIP code

JOGINDE SINGH
80-55 LANGDALE ST
NEW HYDE PARK NY 11040

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12
12b	12c	12d
13 Statutory employee <input type="checkbox"/>	Retirement plan <input type="checkbox"/>	Third-party sick pay <input type="checkbox"/>
14 Other SDI 3.00		
NY [REDACTED]	3000.00	99.35
15 State/Employer's state ID number	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc. 3000.00	19 Local income tax 70.40	20 Locality name NY City

Copy 2 - To be Filed With Employee's State, City,
or Local Income Tax Return
DXA

Dept. of the Treasury - IRS

OMB No. 1545-0008 Form W-2 Wage and Tax Statement 2019

a Employee's social security number	1 Wages, tips, other comp. 3000.00	2 Federal income tax withheld 105.75
b Employer ID number (EIN)	3 Social security wages 3000.00	4 Social security tax withheld 186.00
	5 Medicare wages and tips 3000.00	6 Medicare tax withheld 43.50

c Employer's name, address, and ZIP code

DIWAN RESTAURANT INC.

3747 74TH STREET
JACKSON HEIGHTS NY 11372

d Control number

e Employee's name, address, and ZIP code

JOGINDER SINGH
80-55 LANGDALE ST
NEW HYDE PARK NY 11040

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12
12b	12c	12d
13 Statutory employee <input type="checkbox"/>	Retirement plan <input type="checkbox"/>	Third-party sick pay <input type="checkbox"/>
14 Other SDI	3.00	
NY [REDACTED]	3000.00	99.35
15 State/Employer's state ID number	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc. 3000.00	19 Local income tax 70.40	20 Locality name NY City

Copy B - To Be Filed With Employee's FEDERAL Tax Return
This information is being furnished to the Internal Revenue Service.
DXA

Dept. of the Treasury - IRS

This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty/other sanction may be imposed on you if this income is taxable and you fail to report it.

OMB No. 1545-0008 Form W-2 Wage and Tax Statement 2019

a Employee's social security number	1 Wages, tips, other comp. 3000.00	2 Federal income tax withheld 105.75
b Employer ID number (EIN)	3 Social security wages 3000.00	4 Social security tax withheld 186.00
	5 Medicare wages and tips 3000.00	6 Medicare tax withheld 43.50

c Employer's name, address, and ZIP code

DIWAN RESTAURANT INC.

3747 74TH STREET
JACKSON HEIGHTS NY 11372

d Control number

e Employee's name, address, and ZIP code

JOGINDER SINGH
80-55 LANGDALE ST
NEW HYDE PARK NY 11040

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12
12b	12c	12d
13 Statutory employee <input type="checkbox"/>	Retirement plan <input type="checkbox"/>	Third-party sick pay <input type="checkbox"/>
14 Other SDI	3.00	
NY [REDACTED]	3000.00	99.35
15 State/Employer's state ID number	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc. 3000.00	19 Local income tax 70.40	20 Locality name NY City

OMB No. 1545-0008 Form W-2 Wage and Tax Statement 2019

a Employee's social security number	1 Wages, tips, other comp. 3000.00	2 Federal income tax withheld 105.75
b Employer ID number (EIN)	3 Social security wages 3000.00	4 Social security tax withheld 186.00
	5 Medicare wages and tips 3000.00	6 Medicare tax withheld 43.50

c Employer's name, address, and ZIP code

DIWAN RESTAURANT INC.

3747 74TH STREET
JACKSON HEIGHTS NY 11372

d Control number

e Employee's name, address, and ZIP code

JOGINDER SINGH
80-55 LANGDALE ST
NEW HYDE PARK NY 11040

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12
12b	12c	12d
13 Statutory employee <input type="checkbox"/>	Retirement plan <input type="checkbox"/>	Third-party sick pay <input type="checkbox"/>
14 Other SDI	3.00	
NY [REDACTED]	3000.00	99.35
15 State/Employer's state ID number	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc. 3000.00	19 Local income tax 70.40	20 Locality name NY City

Copy 2 - To be Filed With Employee's State, City, or Local Income Tax Return
DXA

Dept. of the Treasury - IRS

OMB No. 1545-0008 Form W-2 Wage and Tax Statement 2019

a Employee's social security number	1 Wages, tips, other comp. 3000.00	2 Federal income tax withheld 105.75
b Employer ID number (EIN)	3 Social security wages 3000.00	4 Social security tax withheld 186.00
	5 Medicare wages and tips 3000.00	6 Medicare tax withheld 43.50

c Employer's name, address, and ZIP code

DIWAN RESTAURANT INC.

3747 74TH STREET
JACKSON HEIGHTS NY 11372

d Control number

e Employee's name, address, and ZIP code

JOGINDER SINGH
80-55 LANGDALE ST
NEW HYDE PARK NY 11040

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12
12b	12c	12d
13 Statutory employee <input type="checkbox"/>	Retirement plan <input type="checkbox"/>	Third-party sick pay <input type="checkbox"/>
14 Other SDI	3.00	
NY [REDACTED]	3000.00	99.35
15 State/Employer's state ID number	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc. 3000.00	19 Local income tax 70.40	20 Locality name NY City

Dept. of the Treasury - IRS